MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

031252 XC-21 907 289

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9928 STATE FILE NUMBER 0036373

DO NOT WRITE ON THIS STUB AMENDED

CFILED01 64

VS 300
Rev. 4/59

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI
Length of stay in 1b 20 DAYS
c. CITY OR TOWN ST. LOUIS
Inside Limits Yes X No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VAH, 915 N. GRAND AVENUE
Inside Limits Yes ☐ No X
d. STREET ADDRESS (If outside, give location) 3849 WINDSOR
Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print) First MOSES Middle ADAMS Last
4. DATE OF DEATH Month 9 Day 21 Year 64

5. SEX MALE
6. COLOR OR RACE NEGRO
7. Married X Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9/2/95
9. AGE (last birthday) 69 YEARS
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATCHMAN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) MONROE COUNTY, MISSISSIPPI, USA
12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME JOHN ADAMS
13b. MOTHER'S MAIDEN NAME CHARLOTTE EZELL
14. NAME OF HUSBAND OR WIFE CARRIE ADAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of ser WW-I
16. SOCIAL SECURITY NO.
17. INFORMANT Address CARRIE ADAMS (WIDOW) SEE #2

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	INTRACRANIAL HEMORRHAGE, SUSPECTED	5 MINUTES
DUE TO (b)	THROMBOCYTICPENIA	5 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c)	CHRONIC LYMPHOCYTIC LEUKEMIA 2040	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES X NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/1/64 to 9/21/64 and last saw alive on 9/21/64
Death occurred at 12:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) PAUL BERMAN, M.D.
22b. ADDRESS VA HOSPITAL, ST. LOUIS, MO.
22c. DATE SIGNED 9/22/64

23a. BURIAL, CREMATION, REMOVAL (Specify) Motor
23b. DATE 9/25,64
23c. NAME OF CEMETERY OR CREMATORY National JB,
23d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.

24. FUNERAL DIRECTOR ADDRESS Glenn & Walker, 4319 Delmar
25. DATE RECD. BY LOCAL REG. SEP 24 1964
26. REGISTRAR'S SIGNATURE Paul Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1			
2	21	19	2
3			
4	2		
5	1		
6			
7	1		
8	1		
9			
10			
11			
12	82-0		
13			

83

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Teoffice E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Ferdinand

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.